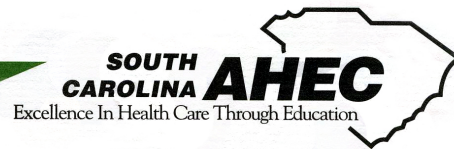


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April 18, 2012

Sharon Gilbert
Chief
Wireline Competition Bureau
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

**Re: Response to Public Notice DA 12-273: FUNDING PILOT PROGRAM PARTICIPANTS
TRANSITIONING OUT OF THE RURAL HEALTH CARE PILOT PROGRAM IN FUNDING YEAR 2012**

Dear Ms. Gilbert,

As a participant in the Palmetto State Providers Network (PSPN), we have concerns regarding the transition to the Rural Health Care Primary program. The potential for experiencing a reduced discount rate poses a financial hardship for our organization. Pilot Program networks are specialized networks with robust, secure broadband and commodity Internet, which in the recent past was neither affordable nor available. With the PSPN, health care facilities now have reliable access to specialized care and health information exchanges. We understand that within the 2012 Fiscal Year, the PSPN will exhaust funding for network members under the Rural Health Care Pilot Program and must transition to the RHC Primary program. While we are alarmed, we are encouraged by the Federal Communications Commission's interest in providing bridge funding to those operational networks, which must transition to the RHC Primary Program. Bridge Funding will not only provide the time for the transition, but also allow the RHC program time to consider administrative and policy alternatives, which will promote the sustainability of Pilot Networks.

Eligibility in the RHC Pilot program and RHC Primary program varies greatly. The RHC Primary program is not extended to all Health Care Providers (HCP). Many rural health care providers are private but provide a public service, and not for profit HCPs located in urban areas provide health care to underserved or un-served populations. Urban hospitals, which are eligible under the RHC Pilot program, are excluded from the RHC Primary program. These HCPs provide a critical link in telemedicine and Health Information Exchanges. The rural hospitals and clinics are 'referring' sites, the regional or tertiary hospitals, usually located in urban areas, are the 'consulting' sites. Removing the urban hospitals from the continuum of care will remove the ability of rural HCPs to use telemedicine to access specialty care. We encourage the Federal Communications Commission to ease the eligibility requirements and allow a broader range of health care providers in both rural and urban areas to participate in the RHC program. We also strongly encourage the Federal Communications Commission to consider new and broader eligibility guidelines to include urban hospitals.

In 2011, the South Carolina Area Health Education Consortium (SC AHEC) launched a telehealth network that currently utilizes the PSPN to connect over 30 rural and underserved hospitals across the state. This telehealth network provides continuing education for practicing professionals and supports health professions students while they are on clinical rotations to rural and underserved areas. The increased ability of the SC AHEC to deliver content and facilitate collaboration with hospitals across the state has resulted in higher-quality educational experiences for rural practitioners and the support of new telemedicine initiatives that are helping to address community access issues.

All of these successes are still in their infancy and need time to mature. By maintaining funding and extending the time period associated with the current level of the Pilot Program, this network of high-need, low-resource facilities will have the time to sufficiently sustain their participation as part of the

PSPN. Due to the distributed nature of these networks, coordinating the billing and maintenance of this network without the centralized administration structure of the Pilot Program would be resource prohibitive. From a healthcare standpoint, without the broadband connectivity provided through this FCC initiative, our state will continue to struggle with issues of access and equity.

In summary, there are three important issues to consider: more flexible eligibility requirements, which allows rural for profit and urban participants; maintaining the 85% discount rate; and maintaining the RHC Pilot administrative structure. Your consideration and support in achieving these changes will be greatly appreciated.

Sincerely,

A handwritten signature in black ink, reading "Ragan A. DuBose-Morris". The signature is written in a cursive, flowing style.

Ragan A. DuBose-Morris, MA
Director of Learning Services, SCHOOLS Network
South Carolina AHEC
Medical University of South Carolina